## October 26th, 2018- Milwaukee, WI
## Upper Midwest Vascular Network

- Welcome and Introductions
- National VQI Update: Cheryl Jackson, SVS PSO
  - **Data Audits starting in 2018!!**
    - **Inter-rater reliability exercise:** We asked for volunteers to abstract identical cases for selected registries to see how often they agree/disagree. This will let us identify problem data elements that we can improve with better help text and/or training.
    - **Random Center Audits**: We plan to audit random cases at selected centers in order to 1) estimate the overall VQI data-element error rate, and 2) identify areas for improvement. Details to come! Potential for 3rd party audits.
    - **New PSO-Center Communication Tool for Data Cleanup**: We will use our new web-based "Audit Tool" to ask centers to verify/correct suspicious data entries (out of range, improbable or impossible values in specific records).
  - **Webinars**
    - August 22: TEVAR case abstraction
    - September: QI Webinar Validation Case Study! ROI
    - October: 30 day follow-up
    - November: Wrapping up a QI project, 2019 and Participation Award information
    - December: Hemodialysis Registry Changes and Stroke Webinar
  - **Enhanced Reporting from the PSO 2018 reporting schedule**
    - **July**: Fall Regional Reports
    - **July:** Pilot System-Level Fall Reports for Inova and Ohio Health **(new!)**
      System level reports created for systems with multiple sites. Aggregated reports are being piloted for sites that span across different regions. Aggregated reports will need to be requested by site.
    - **August**: COPI Report: INFRA LOS **(new!)**
    - **October**: QI Initiative Update
    - **November**: Cumulative Physician Dashboards **(new!)**
    - Request was brought up for Dashboards and Regional Reports to have matching dates
  - **Registry Updates:**
    - **Hemodialysis Access:** Under major revision with release in 2019 (TBD)
    - **Vascular Medicine Registry:** Finalizing changes for release in 2019 (TBD)
    - **30-day Follow-up Measures-** To be released in December. This will be optional
    - **Varicose Vein:** Under revisions to only collect data on treated leg (shorten the form)
    - **Venous Stent Registry:** Under development
    - **PVI short form:** Under development
    - CAS will require a major overhaul. Currently TCAR is incorporated with CAS and the elements required for TECAR differ from CAS. There are no dedicated reports from M2S for TCAR.
    - EPIC interface for automatic input of data elements is a slow process because sites using EPIC are able to modify EPIC to suit their current needs

- **Social Security Numbers**
  - **Having the SSN in the record allows us to:**
  - Match patients with the Social Security Death Index which allows accurate assessment of mortality following vascular procedures
  - Match patients in VQI to their respective Medicare claims to assess long term outcomes which greatly enhances the length of follow up without requiring data entry
  - M2S has designed its security and privacy protocols to ensure PHI is safeguarded in accordance with HIPAA and HITECH. PHI is encrypted both while being transmitted and when data is at rest.
  - VQI is organized under the legal structure of a patient safety organization (PSO) which has greater data protection than most!!
  - More and more sites participating in VQI are not supplying SSN. A white paper is being created to send to hospital's privacy officers to clarify legality and it's legal protected entity.
- **VQI@VAM Highlights:**
- **Introduction to the New Member Guide**
- By: Nancy Heatley, Education and Research Projects Manager
- **Tools and Resources of the Vascular Quality Initiative**
- By: Cheryl Jackson, Director of Quality
- Links to the new Member Guide and the new QI Project Guide Supplement can be found on the Members Only section of the VQI website in the National Section:
- https://www.vqi.org/national-data/

- **VQI@VAM Highlights:**
- **Research Advisory Council Update: Mark Mewissen, MD**
  - Change in RAC Policy!
  - Dropping the need to avoid overlap as a criteria for SVS PSO RAC approval.
  - Research protocols now need only to demonstrate feasibility that the research can be accomplished using data available in the VQI dataset.
  - Overlap with an existing project will not be used as grounds for rejection of a research protocol application.
  - The Recipient agrees to present or publish approved project within 24 months. The SVS PSO RAC reserves the right to ask Recipient to return the dataset if no progress is demonstrated according to these guidelines.
  - National Research Process
  - Check Approved Project List:
  - https://www.vqi.org/vqi-resource-library/quality-research/rac-approved-project-search/
  - To submit a proposal to be considered for the National RAC, please follow the link below: http://abstracts123.com/svs1/meetinglogin
  - National Research Process
  - Medicare Matched Datasets:
  - https://www.vqi.org/vqi-resource-library/quality-research/blinded-datasets/
  - National Research Process
  - Proposal Submissions
- **Arterial Quality Council Update: Randy DeMartino, MD**

- Finalizing Common Variable select options and help text amongst registries where applicable
- Completing all "missing help text"
- Clinically reviewing all help text to site scientific support where applicable
- LTFU required fields are complete and M2S is in the process of development for 2018 release
- **2018 Special Reports**
- **Physician and Center Dashboards**: Physician and center stats on critical outcomes by registry over the past year, including regional and VQI benchmarks. First physician reports delivered in February and will be updated in fall. Center-level dashboards planned for June.
- **Comparative COPI Reports**: We will update prior COPI reports with new data to check centers' improvement. EVAR LOS planned for May, INFRA LOS for August.
- **National QI Initiative Updates**: Reports will be issued quarterly starting in March tracking centers' progress on Discharge Medications and Follow-Up Imaging After EVAR.

- **AQC Representative Replacement**
    - Peter Rossi, MD has been nominated
- **Venous Quality Council Update: Chad Laurich , MD**
    - Abby Rothstein MD from Froedtert and the Medical College of Wisconsin, nominated for replacement (not currently enrolled in Venous Registry)
    - **First Bi-Annual Varicose Vein Meeting at VAM!!!**
      Plan to meet at AVF every year and hold a conference call every Fall
      (October 29, 2018 10am -12:00pm ET)
    - VQI Varicose Vein Registry (VVR). Significant participation in first 3 years
    - Total Procedures entered: 20,536. Entered by 36 sites in 20 states
    - VVR Approved Research Projects Increasing
        - Effects of age, gender, race and other patient factors on outcome of GSV ablation
        - Incidence and impact of EHIT after GSV ablation
        - Clinical and patient reported outcomes after different types of GSV ablation
        - Impact of truncal vein diameter on ablation outcomes
        - Factors associated with need for repeat treatment after GSV ablation
        - Increased opportunity with increasing data
    - **Venous Quality Council**
        - Venous Stent Registry: release 2018 or 2019
        - Clinical Workgroup:
        - Marc Passman, MD (chair), William Marston MD, Tony Gasparis MD, Rabih Chaer MD, BK Lal MD, Lowell Kabnick MD
        - Industry and FDA Collaboration:
        - Bard, Cook, Gore, Medtronic, Boston Scientific, Veniti
        - Appropriatenes Focus

    - **Governing Council Update: Randy DeMartino, MD**
        - Addition of members from the Society for Vascular Ultrasound
            - Dr. David Dawson; SVU Physician Director
            - Kelly Byrnes, BS, RTV, FSVU; NortonHealthcare; SVU Treasurer

- Voted on new Executive Committee Members (As of 2018)
  - Dr. Leila Mureebe, Duke
  - Dr. Randy DeMartino, Mayo
- **SVS Guidelines & VQI**
  - AAA Guidelines published in January JVS
  - 119 recommendations/suggestions-Are they being followed
  - 15 guidelines potentially measurable in VQI
  - Compliance with guideline
  - Quit smoking > 2 weeks before OAAA – 44%
  - EVAR size threshold – 58%
  - Preservation of IIA during EVAR – 98%
  - Preop Stress Test
  - Size guideline for AAA repair
  - Using Cell Saver by Center
- **SVS Guidelines & VQI**
  - Adherence to use of cell saver had decreased inpatient and one year mortality following open AAA repair
  - Guideline compliance improves outcomes
- **SVS Guidelines & VQI Next Steps:**
  - Consideration of creation of center level reports for OAAA in Spring of 2019
  - Dr. Forbes authoring a manuscript on initial findings
  - VQI using the Guidelines to inform registry variables
  - Potential to expand this exercise to other procedures

- **Review of regional data – Randy DeMartino, MD**
- Ask the top 3 performing Carotid Artery Stent Centers how they do it and have them present at the next regional meeting.
- Watch for trends with the enhanced required fields for Long Term Follow Up
- Potential for re-evaluation of reporting Use of Chlorhexidine and SSI
- Discussion surrounding use of ASA
- Dr. Faizer discussed current ABI documentation prior to intervention
- Some practioners use Gardner Skinner test for claudication
- Are ABIs being performed on claudicants prior to intervention
- Current reports for CEA and CAS reflect elective cases
- Dr. Fazer suggested the following: Implementation of additional tracking elements for ruptured AAA in our regional EVAR data collection.
- To summarize, we will be publishing an article based on national VQI data that demonstrates that ruptured AAA is best managed with EVAR under local anesthesia in those who are <75 years old or hemodynamically stable. The benefit of local anesthesia EVAR has also been recently published using British data.
- Both these studies are put into question by the inability to distinguish patients whose repair was started under local anesthesia and had to be converted to general (due to severity of illness), from

those started under general. This may result in the bad local cases failures being lumped in with the general cases.

- To respond to this, I hoped our group could prospectively add a few variables to our regional database to better confirm or refute the benefit of EVAR under local for rupture.
- 1. Document patients converted from local to general and why: a. planned, b. Hemodynamic decompensation, c. Need for laparotomy/decompression, 4. Respiratory failure, 5. Agitation, 6. Other
- 2. Document decision for general (1. Local not a part of our care algorithm, 2. Anesthesia support not available, 3. Patient in too much pain/agitated, 4. Patient too hemodynamically unstable, 5 other)
- 3. Document decision for local (1. This is our preferred option for all, 2. Patient hemodynamically stable, 3. Patient <75 year old, 4. Both 2 and 3. 5. Patient too frail for general anesthesia, 6. Other)

- **Presentations**
  - Infectious Aortitis: An Uncommon Pathogen - Nicholas Saguan, MD
  - TCAR and TAVR: A minimally invasive concomitant approach to carotid and aortic stenosis - Nathan Kugler, MD
  - Early Thoracic Endovascular Aortic Repair (TEVAR) of Uncomplicated Type B Thoracic Aortic Dissection in the Cardiac Catheterization Laboratory: The Rise of the Cardio-Vascular Interventionalist - Matthew McDiarmid, MD
  - Comparing Effectiveness of Different Atherectomy Device Systems on Occlusive Lower Extremity Peripheral Artery Disease: Analysis of a Large National Database - Payal Sharma, MD
- **Evaluation of meeting. What did you like, what should we do differently?**
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- **Next meetings**
  - Spring 2019
    - In conjunction with the Upper Midwest Vascular Surgery Society – Minneapolis/JW Marriott
    - May 3rd-dinner with speaker and CME. May 4th VQI AM-Minnesota Vascular in the afternoon
  - Fall 2019
    - Volunteers for Hosting? Dr. Faizer suggested to tie this meeting in with the Midwest Vascular Meeting, in Chicago, IL. Need to figure out room availability, cost?
  - Spring 2020
    - UMVSS Meeting Minneapolis
    - Dr. DeMartino to send survey out